|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GYM Student enrolment and course booking form**  An electronic version can also be completed on our online on our website, please visit:  [**www.barnsleyrecoverycollege.nhs.uk**](http://www.barnsleyrecoverycollege.nhs.uk) | | | | | | | | |
| **Referral from:** 🞏 **Core 🞏 PCNT 🞏 Community 🞏 College Learner** | | | | | | | | |
| **Learner Details** | | | | | | | | |
| **Title** (please circle)  Miss Mrs Ms Mr Dr Other | | | **Preferred name**: | | | | **Surname**: | |
| **Date of birth:** | | | | | **Age at enrolment:** | | | |
| **Gender**: | | **Current address**:  **Postcode:** | | | | | | |
| **Contact telephone number**: | |
| **Email address:** | | | | | | | | |
| **Have you served in the Armed Forces as a regular or reservist or are you a dependant of someone who has been? Tick this box 🞏** | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION**  **This is the person we would notify in case of emergency** | | | | | | | | |
| **Name of contact:** | **Relationship to you:** | | | | | | | **Their contact number:** |
| **How can we contact you?**  We promise we won’t bombard you! We will usually contact you by text, telephone or email, but please tick all options that you are happy for us to contact you by | | | | | | | | |
| 🞏 **Telephone 🞏 Text 🞏 Post 🞏 E mail** | | | | | | | | |
| **Chosen course (s) / workshop (s)** | | | | | | **What would you like to achieve from attending each course?** | | |
| **Course title:** | | | | **Start date:** | | **I would like to:** | | |
| **Course title:** | | | | **Start date:** | | **I would like to:** | | |

|  |
| --- |
| **Background information**  This information is for monitoring purposes only and will be kept confidential.  Please tick all that apply |
| * I am someone who is/has used mental health services 🞏 currently 🞏 previously * Which service if so? ……………………………………………………………… * I am a friend/family/carer of someone who uses mental health services 🞏currently previously 🞏   🞏 A SWYPFT member of staff  🞏 A staff member from another service  🞏 Other (please specify): ………………………………………………………………………  🞏 Prefer not to say |
| **Learning needs**  The Recovery College is committed to supporting all of our learners. Please tell us if you have a disability, mental health condition or learning difficulty and how it affects you in as much detail as possible so that we can help with your learning requirements. These may include large print course materials, level building access, one to one support etc. |
| Please tick: 🞏 Physical disabilities  🞏 Mental health diagnosis  🞏 Learning disabilities  🞏 Dyslexia  🞏 Autistic spectrum disorder (including Asperger’s syndrome)  🞏 Allergies (please give details)……………………………………………………….  🞏 Other (please give details)....................................................................................  🞏 None |
| **How did you hear about us?** |
| 🞏 From a member of SWYPFT staff 🞏 Mental health services – which? ……………….  🞏 Family/friend 🞏 Event  🞏 Previous learner 🞏 GP  🞏 Prospectus 🞏 Flyer/poster  🞏 Website 🞏 Social media (Facebook/Twitter)  🞏 Job Centre  🞏 Other (please specify) …………………………………………………………………………………. |
| **Learner’s agreement and sharing information** |
| By enrolling and signing this form, I am confirming that I will attend these courses and abide by the College’s Code of Conduct. I understand that failure to attend these courses without contacting the Recovery College beforehand will result in my course place being cancelled.  I also understand that if I am in danger, or there is a risk to myself or others, the information I have given may be shared with others to ensure everyone’s health and safety. We shall let you know if we have to share this information. |
| **Signature: Date:** |

Equality and diversity monitoring

To ensure that we provide the best service for our community, & not knowingly discriminate against any section of society, it is important for us to gather the following information. You do not have to answer any of these questions, but we would be very grateful if you would. The categories & terms used are taken from the 2011 Census & worded according to our students’ preferences. Information provided will remain confidential.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of birth:** | | | | **Age at enrolment:** | | | | | 🞏 I prefer not to say |
| **Race** | | | | | | | | | |
| **White**  🞏English/Welsh/Scottish / Northern Irish/British  🞏Irish  🞏Gypsy or Irish Traveller  🞏Any other White background, please specify: | **Mixed/multiple ethnic groups**  🞏White and Black Caribbean  🞏White and Black African  🞏White and Asian  🞏Any other mixed/multiple ethnic background, please specify: | | **Asian/Asian British**  🞏Indian  🞏Pakistani  🞏Bangladeshi  🞏Chinese  🞏Any other Asian background, please specify: | | | **Black/African/Caribbean/Black British**  🞏African  🞏Caribbean  🞏Any other Black/African/Caribbean/Black British background, please specify: | | | **Other ethnic group**  **🞏**Arab  🞏Any other ethnic group, please specify:  🞏 I prefer not to say |
| **Language (part 1)** | | | | | | **Country of birth** | | | |
| **What is your main language?**  🞏English 🞏Other (including sign languages), please specify:  **If English is not your main language, how well can you speak English?**  🞏 Very well 🞏 Well 🞏 Not very well 🞏 Not at all | | | | | | 🞏 England 🞏 Wales 🞏 Scotland  🞏 N. Ireland 🞏 EU Country 🞏 Non EU Country 🞏 I prefer not to say | | | |
| **Religion/belief** | | | | | | | | | |
| 🞏No religion  🞏Agnostic  🞏 I prefer not to say | 🞏Christian  (including C of E, Catholic, Protestant & all other denominations) | | | 🞏Sikh  🞏Muslim  🞏Hindu | | 🞏Buddhist  🞏Jewish  🞏Any other religion/belief, please specify: | | | |
| **Disability Do you consider yourself to have of the following? (Please tick all that apply)** | | | | | | | | | |
| 🞏I do not have a disability  🞏Long standing illness  🞏Mental health condition | 🞏Learning disability  🞏Physical impairment  🞏Cognitive impairment (e.g. Dementia, Autism, ADHD) | | | | 🞏Speech impairment  🞏 Other, please specify: | | | | 🞏 I prefer not to say |
| **Gender** | **Sexual orientation** | | | | **Caring Responsibilities (part 1)** | | | | **Perinatal information** |
| **🞏**Female **🞏**Male  🞏Live in a gender other than that assigned at birth. 🞏 I prefer not to say | 🞏Heterosexual (“straight”) 🞏Bisexual  🞏Gay (homosexual) 🞏Lesbian  🞏Other (please specify):  🞏 I prefer not to say | | | | **Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**  🞏Yes 🞏No 🞏 I prefer not to say | | | | **Have you had a baby in the last 12 months?**  🞏Yes 🞏No  🞏 I prefer not to say |
| **Employment status** | | | | | **Marriage and Civil Partnership** | | | | |
| 🞏 Employed (full time)  🞏 Employed (part time)  🞏 Unemployed, seeking work  🞏 Student | 🞏 Long term sick or disabled  🞏 Care giver  🞏 Veteran  🞏 Homemaker | 🞏 Volunteer  🞏 Retired  🞏 I prefer not to say | | | (Please tick one box)  🞏Single  🞏Married | | 🞏Widowed 🞏Divorced  🞏Separated  🞏Co-habiting | 🞏In a same sex civil partnership  🞏 I prefer not to say | |

**Recovery & Wellbeing College Code of Conduct**

The Recovery & Wellbeing College aims to create an environment that encourages learning and where those attending feel they are supported. This charter is designed to help understand what is expected from you and of us, whilst accessing the college.

**What you can expect from us:**

**We will respect you as an individual at all times. We will do this by:**

* Provide you with a warm and professional welcome
* Answer your enquires in an efficient manner and providing clear information about our courses and programmes of study
* Provide meaningful courses which promote hope, personal responsibility, self-advocacy, recovery and wellbeing
* Provide access to appropriate resources and equipment and work to best support your specific learning needs
* Provide a safe and supportive learning environment; free from discrimination
* Give you the opportunity to express your views and be involved in developing the college

**What we expect from you:**

**When you enrol with the Recovery College, we expect you to:**

* Ask us for clarification about anything you are not sure about
* Act in a responsible manner, offering mutual respect and understanding to other learners
* Respect the rights, beliefs and opinions of others
* Not to act in a way that may be considered threatening or disruptive, or likely to cause physical or emotional harm
* Refrain from the use of alcohol or illegal drugs when attending the Recovery College
* Not wear offensive or inappropriate clothing that could make others feel uncomfortable.

**The Recovery College considers the following examples to constitute learner misconduct:**

* Prevention or disruption of learning or other activities
* Violent, indecent, threatening or offensive behaviour or language
* Use of alcohol or illegal drugs on the premises
* Theft, damage or misuse of college property, or the property of others attending the college
* Action likely to cause injury or impair safety on college premises
* Any act which constitutes a criminal offence
* Sexual, racial or other harassment of any staff member, learner or visitor to the college

Where a learner’s health and wellbeing disrupts their own learning or the learning of others, or results in unreasonable demands being placed upon staff, volunteers and or other learners of the college, a learner’s fitness to study will be questioned, and the fitness to study policy and procedure followed. To request a copy of this, please approach a member of the team.

I have read and understood the Recovery College Learner Charter and have had the opportunity to discuss any concerns raised from this, with a member of the Recovery College team.

**Name………………………………………………………….**

**Signature…………………………………………………… Date………………………………………………………….**